

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000990

FILED
Feb 16, 2005
Secretary of State

Entity Name: CNL/INSURANCE AMERICA, INC.

Current Principal Place of Business:

2960 RIVERSIDE DRIVE
MACON, GA 31204

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6097
MACON, GA 312086097

New Mailing Address:

FEI Number: 58-1761968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY, ERNEST D
Address: 2960 RIVERSIDE DRIVE
City-St-Zip: MACON, GA 31204

Title: TD () Delete
Name: GREENE, CHRISTOPHER R
Address: 2960 RIVERSIDE DRIVE
City-St-Zip: MACON, GA 31204

Title: ST () Delete
Name: MCGOLDRICK, DONNA KAY
Address: 2960 RIVERSIDE DRIVE
City-St-Zip: MACON, GA 31204

Title: CD () Delete
Name: BARTON, JOHN R
Address: ONE AMERICAN SQUARE
City-St-Zip: INDIANAPOLIS, IN 462820001

Title: D (X) Delete
Name: STUTLER, KEVIN P
Address: ONE AMERICAN SQUARE
City-St-Zip: INDIANAPOLIS, IN 462820001

Title: D () Delete
Name: SHOVER, SCOTT M
Address: ONE AMERICAN SQUARE
City-St-Zip: INDIANAPOLIS, IN 462820001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STUTLER, KEVIN P
Address: ONE AMERICAN SQUARE
City-St-Zip: INDIANAPOLIS, IN 462820001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ZUREK, THOMAS M
Address: ONE AMERICAN SQUARE
City-St-Zip: INDIANAPOLIS, IN 462820001

Title: V (X) Change () Addition
Name: DANIELS, JAMES K
Address: 2960 RIVERSIDE DRIVE
City-St-Zip: MACON, GA 31204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K. DANIELS

V

02/16/2005

Electronic Signature of Signing Officer or Director

_____ Date